

FINAL**Patient Care Report****desmond franklin****CLEVELAND EMS**

601 LAKESIDE AVE RM 127
CLEVELAND, OH 44114-1015

Date of Service: 04/09/2020**Run Number:** E20031709_MED20_2020**Incident Number:** E20031709**Documented By** MORDARSKI, DAVID**NPI: 18-E040****NPI: 1699867077****CREW INFO****Vehicle:** MEDC20**Call Sign:****Resp No:****Primary Role:** Ground Transport**Crew #1 ID:** NOFER, STACIE

Crew1 Role: Driver/Pilot-Response,
Driver/Pilot-Transport, Primary
Patient Caregiver-At Scene,
Primary Patient
Caregiver-Transport

Crew1 Level: Paramedic**Crew#2 ID:** MORDARSKI, DAVID

Crew2 Role: Driver/Pilot-Response,
Driver/Pilot-Transport, Other
Patient Caregiver-At Scene,
Other Patient
Caregiver-Transport, Primary
Patient Caregiver-At Scene,
Primary Patient
Caregiver-Transport

Crew2 Level: Paramedic**Crew #3 ID:****Crew3 Role:****Crew3 Level:****Disp Locn:****Disp Zone:****Disp GPS Locn:****Other EMS****Agency:****Sending Fac****MR#:****Est 1st At Scene:****1st At Scn time:****Assisted By:** Capt. Noland-Moore #629**Doc'd By:** MORDARSKI, DAVID**Unit Type:****Final Pt. Acuity:** Critical (Red)**Addl.Resp. Mode** Lights and Sirens**Patients** 1**Transported:****Hospital** Hospital (General)**Designation:****RESPONSE INFO****Med/Trauma:****Call Type:** ALS**Resp Priority:** Emergency

29-D-3V

NatureOfCall: MVA/MCA

EMD Perform.: Yes, With Pre-Arrival
Instructions

EMD Card No:**Disp. Delay:** Other (Not Listed)**Resp. Delay:** Other (Not Listed)**Call Taken by:****Resp. with:****Locn Type:** Street and highway

Location: W 25TH ST/RIVERSIDE AVE
Cleveland, Cuyahoga, OH
44109

Scn Zone No:**Scene GPS :****Pt. Found:** Drivers Seat**# Patients:** Multiple**Mass Casualty:** No**Activity at Onset:****Poss. Injury:** Yes**Protocols:****Response Zone:****Acuity at Dispatch:****Initial Pt. Acuity:** Critical (Red)

Level of Care of ALS-Paramedic
this Unit:

Seat Position:**Height of Fall:**

Transport Ground-Ambulance
Method:

Hospital in
Pt. Destination:

DISPOSITION**Type of Service:** 911 Response (Scene)**Outcome:** NOTS 1**Dest. Reason:** Protocol

Closest Facility

Trans. Priority: Emergency**Odometer Start:****At Scene Miles:****At Dest. Miles:****Transport Mileage:** 1.0**Pts trans.:** Stretcher**Cond at Dest.:****Dest Type:** Hospital**Level of care :** ALS**Dest Zone No:**

Barriers to Care: None Noted
None NEMSIS
None NEMSIS

Pt. Trans.: Supine - Stretcher**Triage Class.:****Scene Delay :** None/No Delay**Trans. Delay:** None

<None>

<None>

Dest Delay: Decontamination

Documentation

Destination: METROHEALTH MEDICAL
CENTER
2500 METROHEALTH DR
Cleveland, Cuyahoga, OH
44109

Dest GPS:**Dest Fac MR#:****Recv Doctor:****Disp. Cen. Name:****Cxl Reason:** <NONE>**Instructions****Provided:****Trauma Center****Criteria:****Transport Mode** Lights and Sirens**Descriptors:****Destination Reason:** Protocol

Closest Facility

TIMES**Call Created:** 13:50 04-09-20**Call in Pend:** 13:51 04-09-20**Dispatch:** 13:51 04-09-20**En route:** 13:53 04-09-20**On Scene:** 13:55 04-09-20**At patient:** 13:56 04-09-20**Injury:** 13:50 04-09-20**Transport:** 14:00 04-09-20**At Hosp.:** 14:01 04-09-20**Dest Tra Care:** 14:03 04-09-20**In service:** 15:07 04-09-20

DEFENDANT'S
EXHIBIT

K

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PATIENT INFORMATION

Name : desmond franklin

Phone :

Mobile No. :

SSN : [REDACTED]

DOB : [REDACTED] (24 yrs)

Doctor:

Sex : Male

Weight : 250.00 lbs 113.40 Kgs

Homeless:

Emergency Info Form :

Last Known Well:

Ethnicity :

DL Info :

Home Country : United States

Belonging Left With:

Email:

Face Sheet:

Belongings:

Broselow/ Luten Color :

Medicare Questionnaire :

Home Addr. : UNKNOWN

Mailing Addr. :

CLEVELAND,CUYAHOGA, OH 44109

Race : Black or African American

Advanced
Directives :Patient
Characteristics:**NEXT OF KIN**

Name :

Phone :

Relationship :

SSN :

DOB :

Cell Phone: :

Sex :

Home Addr. :

INSURANCE

Work Related: No

Employer:

Payer Type:

Occupation:

Employer Address:

no insurance information entered

PATIENT COMPLAINTSChief Complaint

Other Chief Complaint (Primary)

1 Minutes

Note: mgs in connection with
gswAnatomic Location

Head

Organ System

Cardiovascular

Primary Symptom

Gun Shot Wound

Other Associated Symptoms

None Voiced

Last Oral IntakeMedical Hx Obtained From**HISTORY**Past Medical History

Unable to Complete

Allergies

No Known Drug Allergy

Medications

Unable to Complete

ASSESSMENT

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ETOH/Drug use: Unable to Complete

04/09/2020 13:57:00 By: MORDARSKI, DAVID

<u>Body Area</u>	<u>Assessments and Comments</u>	<u>Body Area</u>	<u>Assessments and Comments</u>
Airway	Patent	Breathing	Absent
Circulation	Capillary Refill - Absent : Hemorrhage - Location : right temple Pulses - Brachial - Absent : Pulses - Carotid - Absent (0) : Pulses - Femoral - Absent : Pulses - Radial - Absent	Blood/Fluid Loss	500 - 1000 ML
Head	Bleeding Uncontrolled : Gunshot Wound : right temple	Face	Normal
Left Ear	Normal	Right Ear	Normal
Left Eye	Reactive	Right Eye	Reactive
Nose	Normal	Neck	Normal
Trachea	Normal	Pelvis	Normal
Genitalia	Normal	Upper Left Arm	Pulse-Absent
Upper Right Arm	Pulse-Absent	Upper Left Leg	Pulse-Absent
Upper Right Leg	Pulse-Absent	Lower Right Leg	Normal
Abdomen - Generalized	Normal	Abdomen - Left Lower	Normal
Abdomen - Left Upper	Normal	Abdomen - Right Lower	Normal
Abdomen - Right Upper	Normal	Back-General	Normal
Both Eyes	Reactive	Cervical-Left	Normal
Cervical-Midline	Normal	Cervical-Right	Normal
Chest/Lungs	Normal	Epigastric	Normal
External/Skin	Normal	Heart	Normal
Left 1st (Big) Toe	Normal	Left 2nd (Index) Finger	Normal
Left 2nd Toe	Normal	Left 3rd (Middle) Finger	Normal
Left 3rd Toe	Normal	Left 4th (Ring) Finger	Normal
Left 4th Toe	Normal	Left 5th (Smallest) Finger	Normal
Left 5th (Smallest) Toe	Normal	Left Ankle	Pulse-Absent
Left Elbow	Normal	Left Forearm	Normal
Left Hip	Normal	Left Knee	Pulse-Absent
Left Palm	Normal	Left Plantar Foot	Pulse-Absent
Left Shoulder	Normal	Left Thumb	Normal
Left Wrist	Pulse-Absent	Lumbar-Left	Normal
Lumbar-Midline	Normal	Lumbar-Right	Normal
Mental Status	Unresponsive	Mouth	Normal
Neurological	Normal Baseline for Patient	Periumbilical	Normal
Right 1st (Big) Toe	Normal	Right 2nd (Index) Finger	Normal
Right 2nd Toe	Normal	Right 3rd (Middle) Finger	Normal
Right 3rd Toe	Normal	Right 4th (Ring) Finger	Normal
Right 4th Toe	Normal	Right 5th (Smallest) Finger	Normal
Right 5th (Smallest) Toe	Normal	Right Ankle	Pulse-Absent
Right Elbow	Normal	Right Forearm	Normal
Right Hip	Normal	Right Knee	Normal
Right Palm	Normal	Right Plantar Foot	Pulse-Absent
Right Shoulder	Normal	Right Thumb	Normal
Right Wrist	Pulse-Absent	Sacral-Left	Normal
Sacral-Midline	Normal	Sacral-Right	Normal
Stroke/CVA Symptoms	No Stroke Symptoms At This Time	Thoracic-Left	Normal
Thoracic-Midline	Normal	Thoracic-Right	Normal

IMPRESSIONS**Primary Impression:**

Hemorrhage

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Secondary Impressions:

No Secondary Impression

CARDIAC ARREST**Cardiac Arrest**

Yes, Prior to EMS Arrival

Arrest Etiology

Trauma

Resuscitation Attempted

Attempted Ventilation

Initiated Chest Compressions

Arrest Witnessed by

Not Witnessed

First Monitored Rhythm

PEA

Spontaneous Circulation

No

Time of Cardiac Arrest

2020-04-09 13:49:00

CPR Provided Prior to EMS Care

No

AED Used Prior to EMS Care

No

END OF CARDIAC ARREST EVENT

Ongoing Resuscitation in ED

TRAUMA**Trauma**

NOTS Triage Protocol - Priority 1 -

Step 1 - GCS < 12 w/Traumatic

Mech

Cause of Injury

Handgun Discharge

Mechanism of injury

Penetrating

VITAL SIGNS

Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SPO2	EtCO2	Glucose	GCS
04/9/2020 13:57	No	/	0, Absent, <None>		0 Apneic, <None>			Not Applicable	E1 + V1 + M1 = 3 Initial GCS has legitimate values without interventions such as intubation and sedation

Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Lung Sounds Left=Clear Lung Sounds Right=Clear Cap. Refill=Absent

Cardiac Rhythm=PEA Method Of Interpretation =Manual Interpretation EKG Type =4 Lead

Pupil Reacts: Left=Non-Reactive, Right=Non-Reactive Pupil Dilation: Left=Dilated, Right=Dilated

Level of Consciousness: Unresponsive; Pain Scale Type=Numeric (0-10); Arm Movement: Left=None, Right=None; Leg Movement:

Left=None, Right=None; Stroke Scale Type=Cincinnati;

Heart Rate Measurement=Palpated

Taken by: MORDARSKI, DAVID

TRAUMA SCORES

no trauma scores entered

PRIOR AID

no prior aid entered

TREATMENT SUMMARY

Time	PTA	Treatment	Who performed	Authorized by	Comments
13:57	No	Back Board	MORDARSKI, DAVID	Protocol (Standing Order)	

Certification Level: Paramedic

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TREATMENT SUMMARY CONTINUED

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
13:57	No	Back Board	MORDARSKI, DAVID	Protocol (Standing Order)	
<u>Certification Level:</u> Paramedic					
# of Attempts : 1		Complication : None		Head Blocks Used : Not Used	
Indication : Cardiac Arrest		Method Used : Extricated From Car		Procedure Successful : Yes	
Response : Unchanged		Result : Patient Secured		Secured With : Straps X3	

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
14:00	No	Airway-Bagged-BVM	MORDARSKI, DAVID	Protocol (Standing Order)	
<u>Certification Level:</u> Paramedic					
BVM Attached To : Adult Mask		BVM Status : Chest Rise and Fall		Procedure Successful : Yes	

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
14:00	No	Oxygen	MORDARSKI, DAVID	Protocol (Standing Order)	
<u>Certification Level:</u> Paramedic					
Complication : None		Device Used : Bag Valve Mask		Dosage : 15	
Dosage Units : LPM		Indication : Protocol		Procedure Successful : Yes	
Response : Unchanged		Results : No Change in Patient		Route : Bag Valve Mask	

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
14:00	No	CPR-Started	CFD First Responder	Protocol (Standing Order)	
<u>Certification Level:</u>		EMT-Paramedic			
# of Attempts : 1			Complication : None	Response : Unchanged	
Successful : Yes					

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
14:00	No	3 Lead EKG	CFD First Responder	Protocol (Standing Order)	
<u>Certification Level:</u>		EMT-Paramedic			
Asystole Confirmed in 2 Leads : No			Complication : None		Ectopics : No Ectopics
Indication : Cardiac Arrest			Monitor Results : Pulseless Electrical Activity		Pads Used : 4 EKG Patches
Procedure Successful : Yes			Response : Unchanged		

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
14:01	No	Intraosseous Access	NOFER, STACIE	Protocol (Standing Order)	
<u>Certification Level:</u> Paramedic					
# of Attempts : 1		IO-Rate : N/A		IO-Size : IO-Blue (Adult)	
IO-Solution : N/A		IO-Tubing : N/A		IO-Type : Intraosseous- Adult	
IO-Volume : N/A		Procedure Successful : No		Successful IO Site : Tibia Left - IO	

NARRATIVE

on arrival pt found in the drivers seat of a car that went through the fence of the cemetery near w25 and i71. pt was slumped over in the car and there was a lot of blood on him. a gsw to right temple was found and blood was pouring out of it. pt was unresponsive. multiple cpd on scene along

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with cfd. there was another male on the lawn in custody of cpd and that was m24 pt. he was awake and screaming. ems and cfd pulled pt from the car onto a back board and loaded him into the squad. cpr was started and pt was bagged with bvm and high flow o2. cfd assisted ems crew in back of squad and drove ems crew to ed. pt was exposed and no other injuries were found. pt was pea on the monitor with no ectopy. metro ed was contacted on metro trauma channel on the portable radio. negative other findings or changes en route. pt care transferred to mhm ed staff who also signed for pt as he could not as he was pulseless and apneic. io drill was not successful as each time a bump was hit, it came out of skin. drill did not seem to have enough power to get into bone

MISCELLANEOUS

Trauma Registry ID:109897

Pat ID Band/Tag #:

PD Case Number:

Fire Inc Report #:

Protective equip used

Eye Protection
Gloves
Mask-N95
Mask-Surgical (Non-Fitted)
Eye Protection
Gloves
Mask-N95
Mask-Surgical (Non-Fitted)

NOFER, STACIE
NOFER, STACIE
NOFER, STACIE
NOFER, STACIE
MORDARSKI, DAVID
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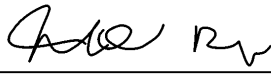
HIPAA

no HIPAA signatures entered

SIGNATURES

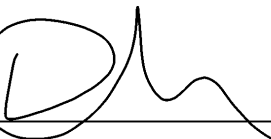
<u>Time</u>	<u>Type</u>	<u>Who signed</u>	<u>Why patient did not sign</u>
04/09/2020 15:04	Billing-Receiving Facility Signature	Nurse (RN) - ed nurse, jen	<Not applicable>
		Type of Person Signing	Healthcare Provider

desmond franklin was received by this facility at the date and time indicated. My signature is not an acceptance of financial responsibility for the services rendered to this patient by City of Cleveland's Ambulance Transportation Services.

X 

Witness 1:

david mordarski

X 

CREW INFORMATION

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Start Date/Time : 04/09/2020 07:00Crew # Name 0094962

136 NOFER, STACIE

Crew # Name 0122545

133 MORDARSKI, DAVID

Crew1 State ID

94962

Crew2 State ID

122545

Level: ParamedicLevel: Paramedic

X Stacie B. Nofer

X David Mordarski

PHYSICIANS CERTIFICATION STATEMENT FOR AMBULANCE TRANSPORTATION

no PCS entered

PATIENT REFUSAL FORM

no Patient Refusal entered